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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10532777
	Filing Date	4 22 2005
	First Named Inventor	Samuel ejnesman
	Title	articulating lighting system
	Art Unit	2885
	Examiner Name	sawhney hargobind
	Attorney Docket Number	12430

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input type="checkbox"/> Firm or Individual Name	samuel ejnesman				
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City	cookstown	State	ontario	Zip	L0L1L0
Country	canada				
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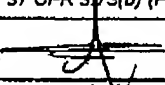
- ☒
- Applicant/Inventor.

OR

- ☐
- Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/95) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3 19 2010
Name	Samuel ejnesman	Telephone	786 547 9053
Title and Company	inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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